

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

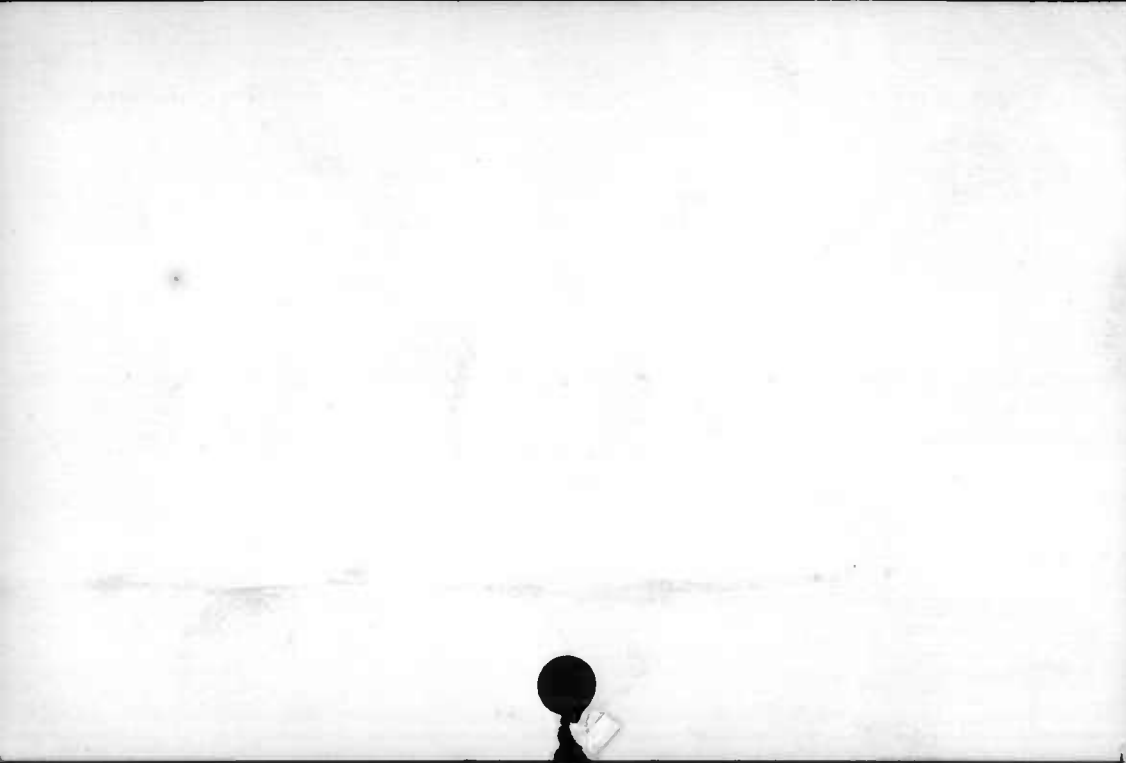
Name in Full <i>Mary B. Adkins</i>		Town <i>Powellville</i>		County <i>Wicomico</i>		STATE MARYLAND	
Died at <i>Powellville</i>		Month <i>Oct</i>		Day <i>25</i>		Years <i>88</i>	
Date of death <i>1908 Oct 25</i>		Age <i>88</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pear-Powellville</i>			
Occupation <i>house work</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Malby Adkins</i>					
Father's Name <i>Matthew Hale</i>		Father's Birthplace <i>Dorchester</i>					
Mother's Maiden Name <i>Mary Cottingham</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Ester Hutchinson</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>several months</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L H Collins</i>
Accident or Suicide <i></i>	Address <i>Powellville Md</i>



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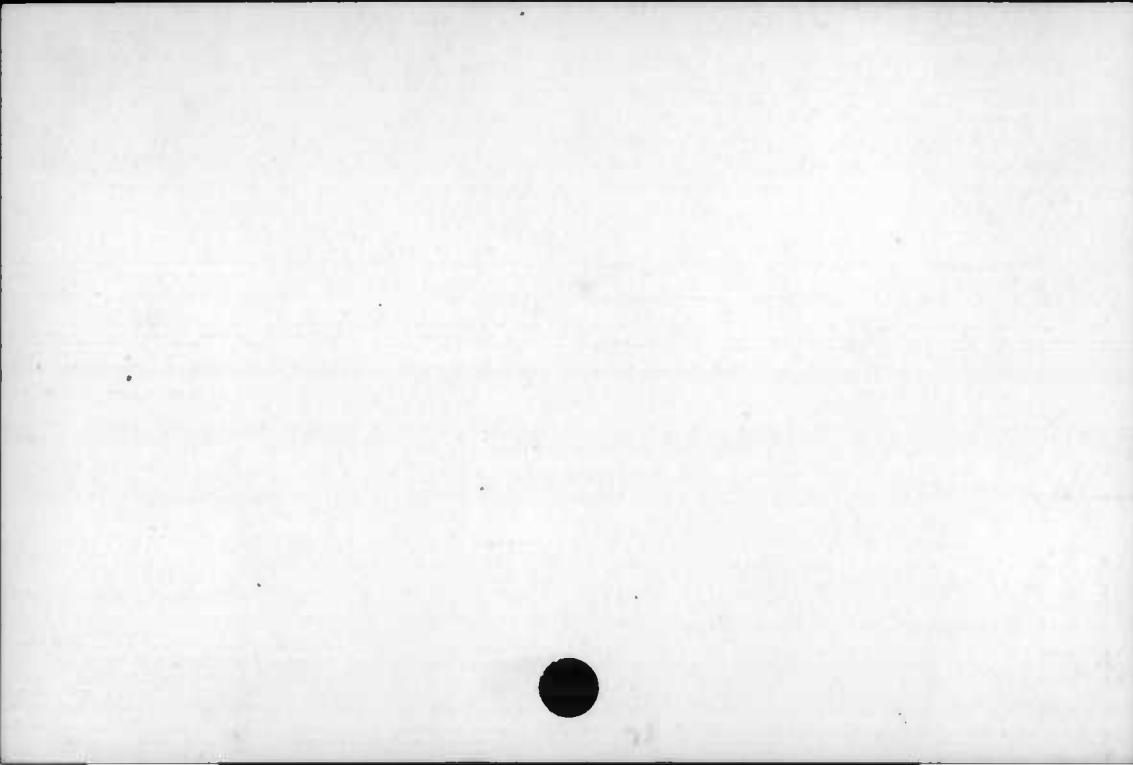
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		10	31	0	0	5	
Sex		Color or Race		Birth-place			
Male		White		Dramatic			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Frank Bencher				New Dramatic			
Mother's Maiden Name				Mother's Birthplace			
Milton Bencher							
Name of person giving information				How related to deceased			
Frank Bencher				Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Malaria	How long	3 months
Immediate	Cholera Infantum	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. H. Lynch, M.D.	
		Address	
		Dramatic	
Accident or Suicide?			



Name in Full *Nina Burnett* CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Mundela* County *Wicomico* MARYLAND

Died at *near Mundela*

Date of death 1908 Month *10* Day *18* Age *10* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *School child* Where Residing if not at place of death *"*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John P. Burnett* Father's Birthplace *Ind*

Mother's Maiden Name *Maud Seabrook* Mother's Birthplace *Ind*

Name of person giving Information *A. S. Seabrook* How related to deceased *Uncle*

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary *Mumps* How long *3 days*

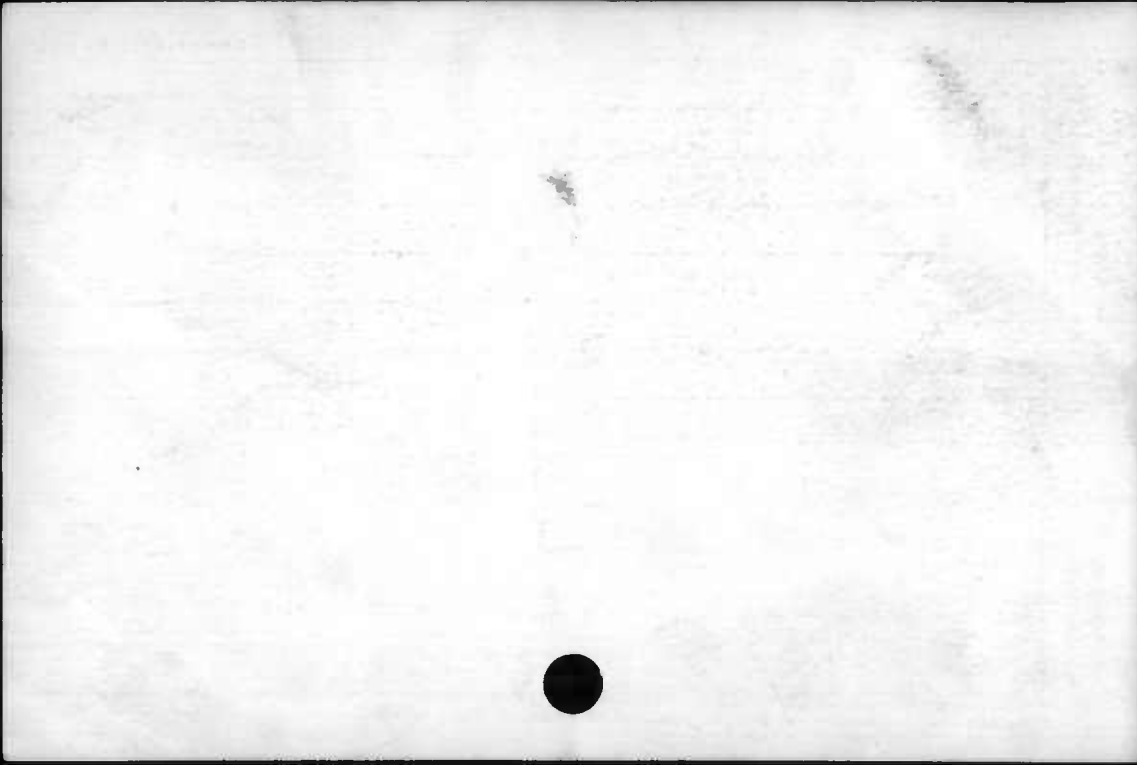
Immediate *Heart Failure* How long *1*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Louis N. Wilson*

Address *Mundela, Md*

Accident or Suicide *—*



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Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Oct	16	Age	5	1	4
Sex		Color or Race		Birth-place			
Female		Black		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
James Bishop				Md			
Mother's Maiden Name				Mother's Birthplace			
Fannie Dixon				Md			
Name of person giving Information				How related to deceased			
Helen Johnson				Half sister			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	3 or 4 mos.
Immediate	Mania	How long	3 or 4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. M. Clemens M. D.	
		Address	
		Salisbury Md	
Accident or Suicide			



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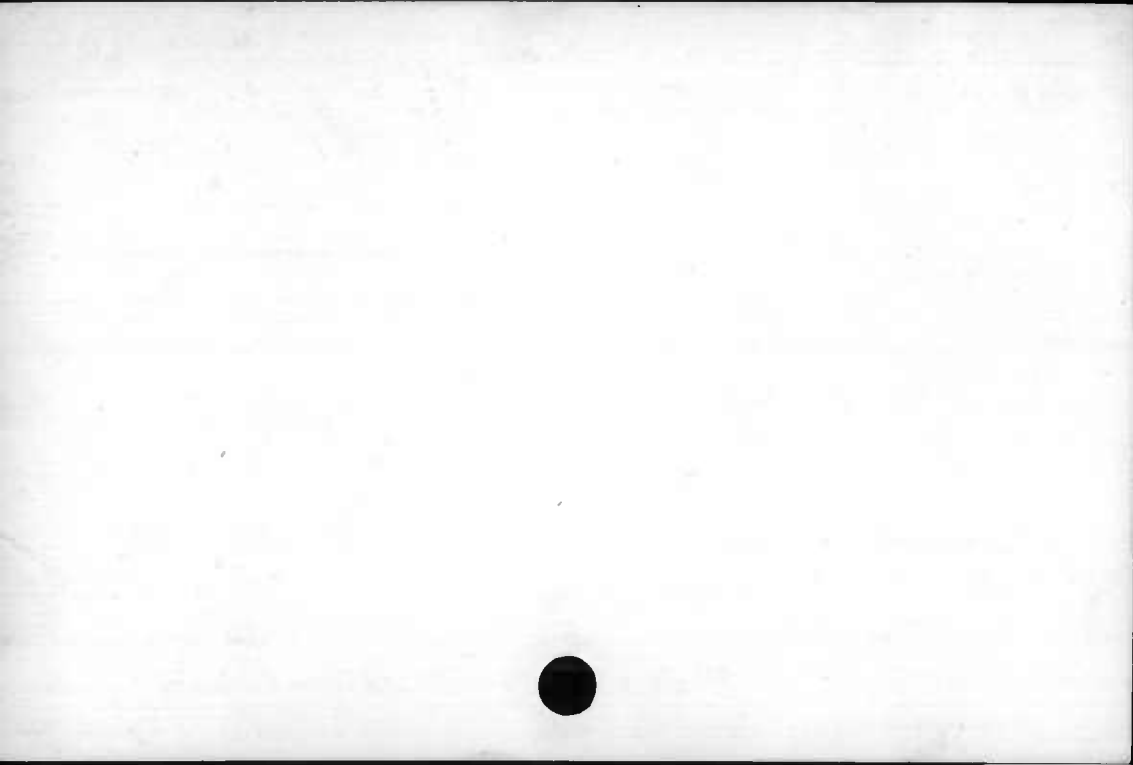
Name <i>Mary E. Calloway</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Oct</i>		Day <i>8</i>		Years <i>1</i>	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>8</i>		Months <i>1</i>	
Age <i>22</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>William D. Calloway</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Elisabeth E. Winger</i>				Mother's Birthplace <i>Del</i>			
Name of person giving Information <i>William D. Calloway</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Improper nourishment</i>	How long	<i>all life</i>
Immediate	<i>Exhaustion</i>	How long	<i>don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. H. Ford</i>	
		Address <i>Salisbury MD</i>	
Accident or Suicide			



Name
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Thomas E. Carey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

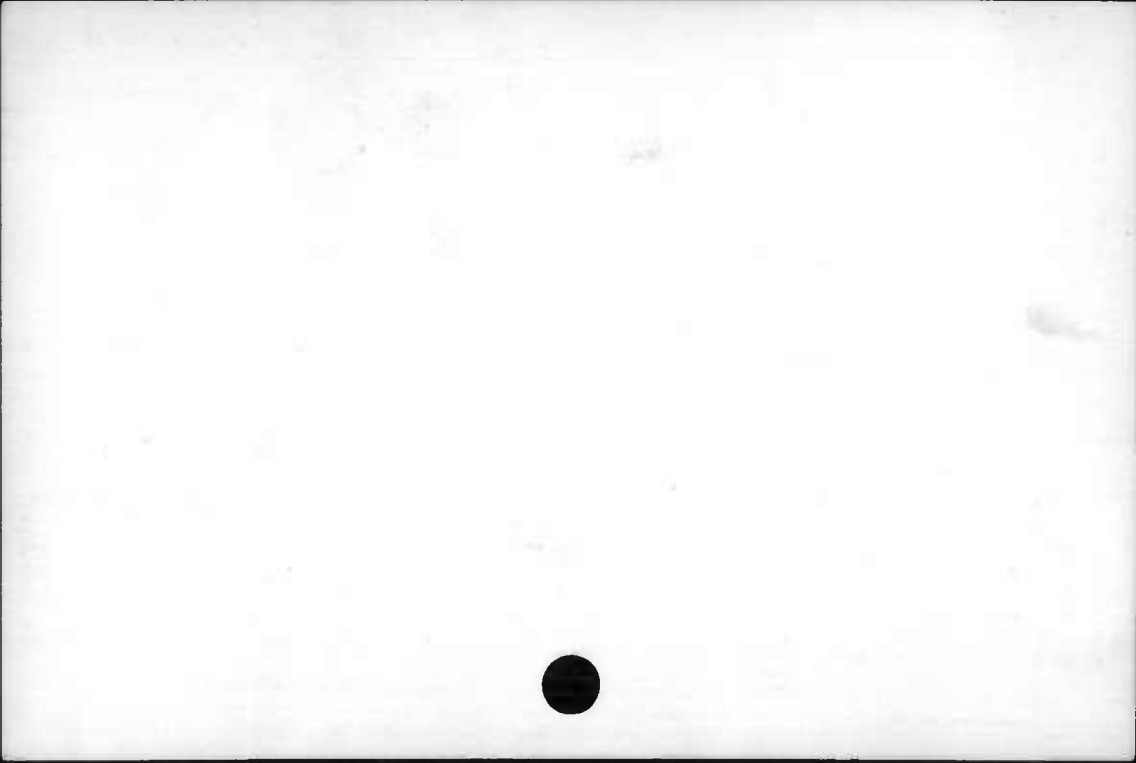
Died at <i>Fruitland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 1908	Month <i>Oct.</i>	Day <i>13th</i>	Age <i>0</i> Years	Months <i>10</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fruitland Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Fruitland Md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>A. W. Carey</i>	Father's Birthplace <i>Wicomico Co. Md.</i>				
Mother's Maiden Name <i>Minnie H. Crouch</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>A. W. Carey</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Gastro-intestinal infection</i>	How long <i>3 weeks</i>
Immediate <i>Duodenitis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis Willmors</i>
	Address <i>Bellevue Md.</i>
Accident or Suicide	



Name
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Jace T Cottman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County MARYLAND

Date of death 190 8 Month Oct Day 1 Age 38 Years Months Days

Sex male Color or Race Black Birth-place Md

Occupation Farmer Where Residing If not at place of death Kings Creek Md

~~Married, Single~~ or Widowed Name of Wife or ~~Husband~~ Emily Cottman

Father's Name Edward Cottman Father's Birthplace Md

Mother's Maiden Name Mary Costen Mother's Birthplace Md

Name of person giving Information John S Cottman How related to deceased Brother

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary Heart shot with bullet in lungs How long 17 days

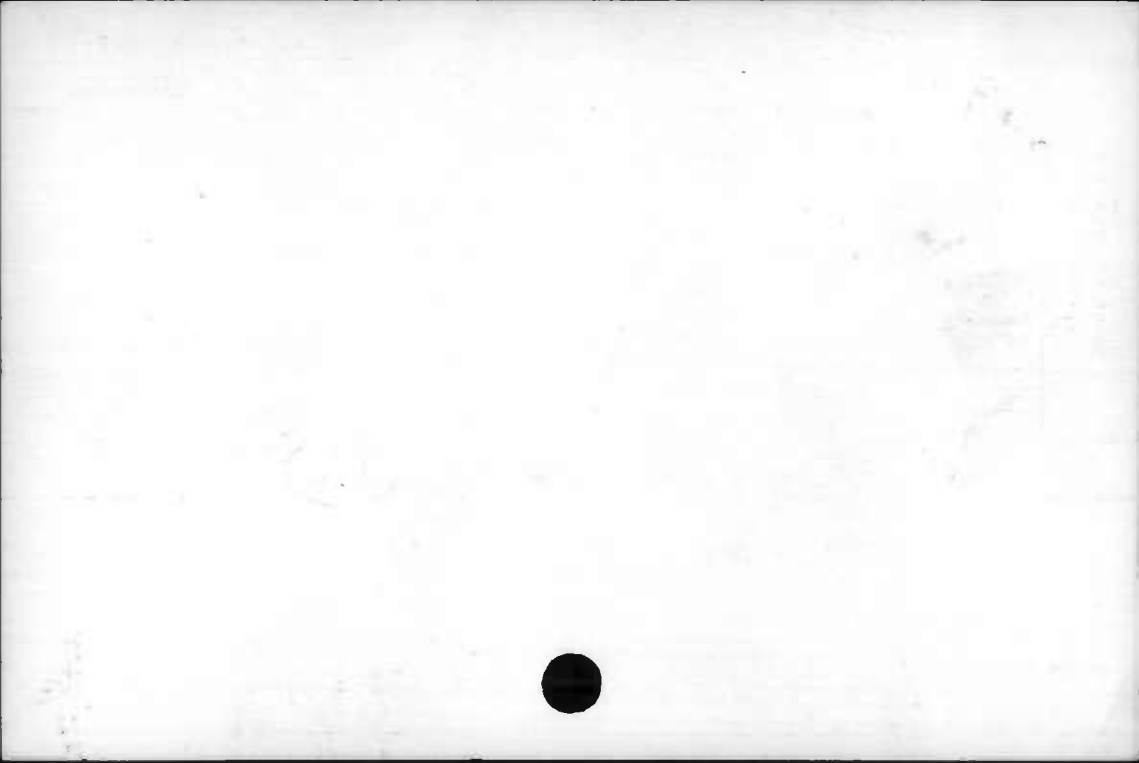
Immediate traumatic pneumonia How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician McAdams

Address Salisbury Md

Accident or Suicide No Homicide



Name
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Baas & Crouch

CERTIFICATE OF DEATH

Died at ^{town} Salisbury ^{County} Wicomico **MARYLAND**Date of death 1908 ^{Month} Oct ^{Day} 19 Age ^{Years} 3 ^{Months} 3 ^{Days}

Sex male Color or Race white Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name James Crouch Father's Birthplace Md

Mother's Maiden Name Jessie Hobbs Mother's Birthplace Md

Name of person giving Information James Crouch How related to deceased Brother

CAUSES OF DEATH

105

Primary Diarrhoea How long 2 mo.

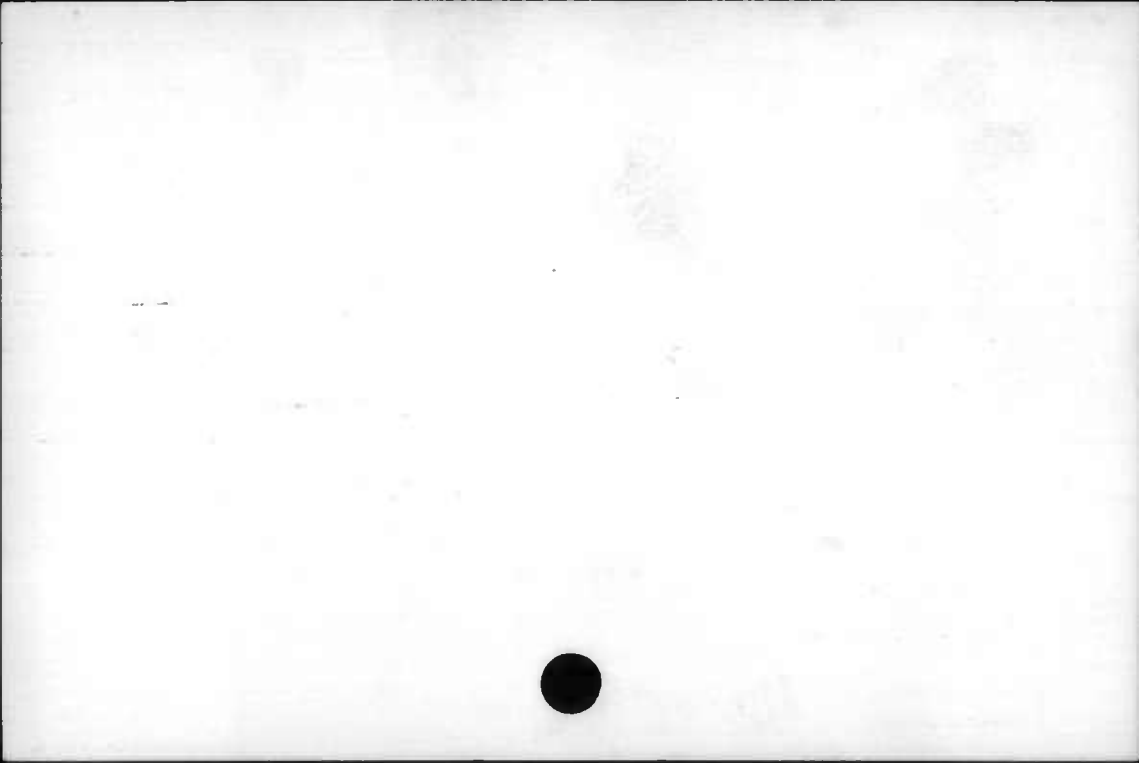
Immediate Exhaustion How long gradual.

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician J B Potter

Address Salisbury Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



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TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry Davis* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury P. G. Hospital*

Date of death *1908* Month *Oct.* Day *30th* Age *51²* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Virginia*

Occupation *Laborer* Where Residing if not at place of death *Near Bloom Accomack Co., Va.*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *William Davis* Father's Birthplace *Virginia*

Mother's Maiden Name *Mary Eustus* Mother's Birthplace *"*

Name of person giving Information *Frank Wilson* How related to deceased *None*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Infantile Regurgitation* How long *1 year*

Immediate *Pulmonary edema* How long *6 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Davis* Address *Salisbury Md*

Accident or Suicide *No*

10

11

12

13

14



Name
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Full

Walter T Dickerson

CERTIFICATE OF DEATH

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NEAREST FRIEND

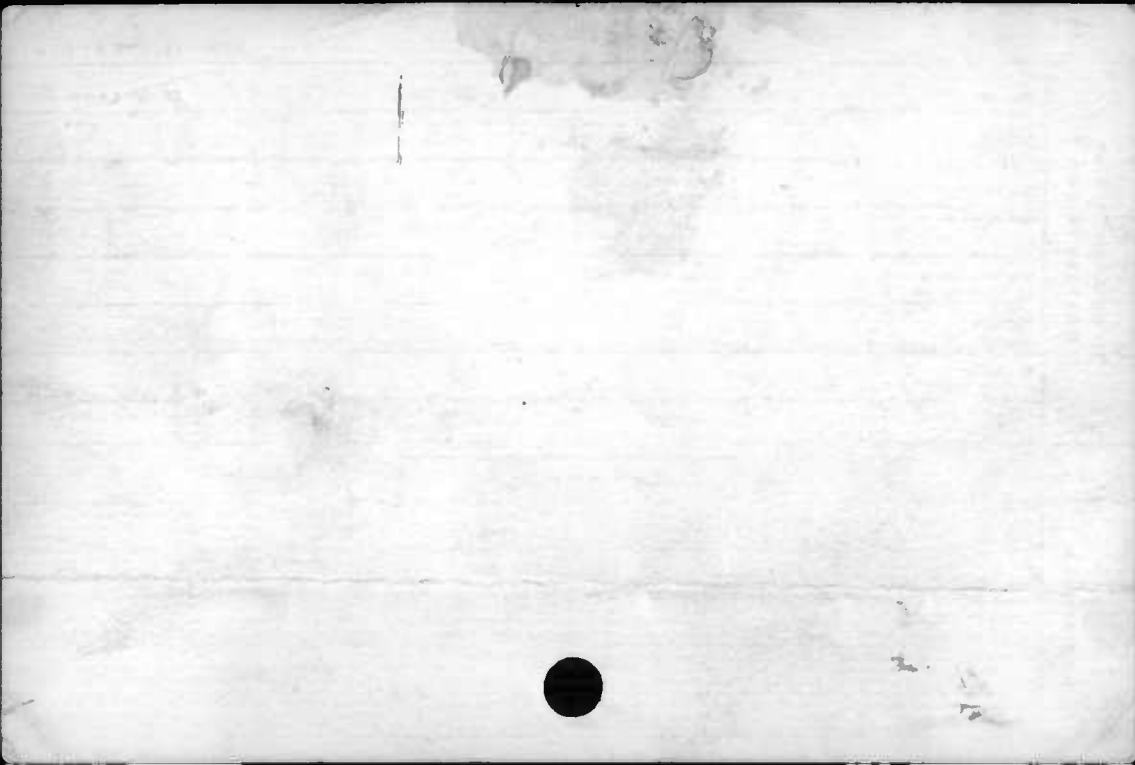
Died at <i>Jesterville</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death 1908		Month <i>Oct</i>	Day <i>30</i>	Age	Years	Months <i>4</i>	Days <i>16</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Samuel T. Dickerson</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Rosa Walter</i>				Mother's Birthplace <i>MD</i>			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Anaemia</i>	How long <i>1 month</i>
Immediate <i>General Dropsy</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward B. Landon</i>
	Address <i>Antietam MD</i>
Accident or Suicide	



Name
in
Full

William F. Disharoon

CERTIFICATE OF DEATH

Town

County

Died at

Eden

Wicomico

MARYLAND

Date

of death 1908

Month

Oct.

Day

21st

Age

Years

60

Months

10

Days

29

Sex

Male

Color or
Race

White

Birth-
place

Wicomico Co. Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Disharoon

Father's
Name

William Disharoon

Father's
Birthplace

Wicomico Co. Md.

Mother's
Maiden Name

Gordy

Mother's
Birthplace

" " "

Name of person giving
Information

W. B. Foxwell

How related
to deceased

None

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Immediate

Exhaustion

How long

Feverish

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. J. F. Fung
Allan

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Bertha E. Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	<i>Oct</i> ^{Month}	<i>2</i> ^{Day}	Age <i>8</i> ^{Years}	<i>22</i> ^{Months}	<i>22</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Del</i>			
Occupation <i>School girl</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Francis E. Ellis</i>	Father's Birthplace <i>Del</i>				
Mother's Maiden Name <i>Sallie Leleates</i>	Mother's Birthplace <i>Del</i>				
Name of person giving Information <i>Sallie Ellis</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysphrid from</i>	How long <i>4 weeks</i>
Immediate <i>mastoiditis</i>	How long <i>5-6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>J. M. Drisk</i>
Address <i>Salisbury, Md.</i>	
Accident or Suicide <i>—</i>	

J. R. Jones

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died *Mar 23* *Mar 23* *Mar 23*

Town

County

Date

of death 190*f*

Month

10

Day

23

Age

Years

77

Months

11

Days

Sex

*Male*Color or
Race*White*Birth-
place*Mar. Denton*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Jennie Gale*Father's
Name*Henry Gale*Father's
Birthplace*Unknown*Mother's
Maiden Name*Susan Gale*Mother's
Birthplace*Mar. & Mrs.*Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

95

Primary

Cardiac depression + Pulmonary

How long

2 wk.

Immediate

Cardiac failure

How long

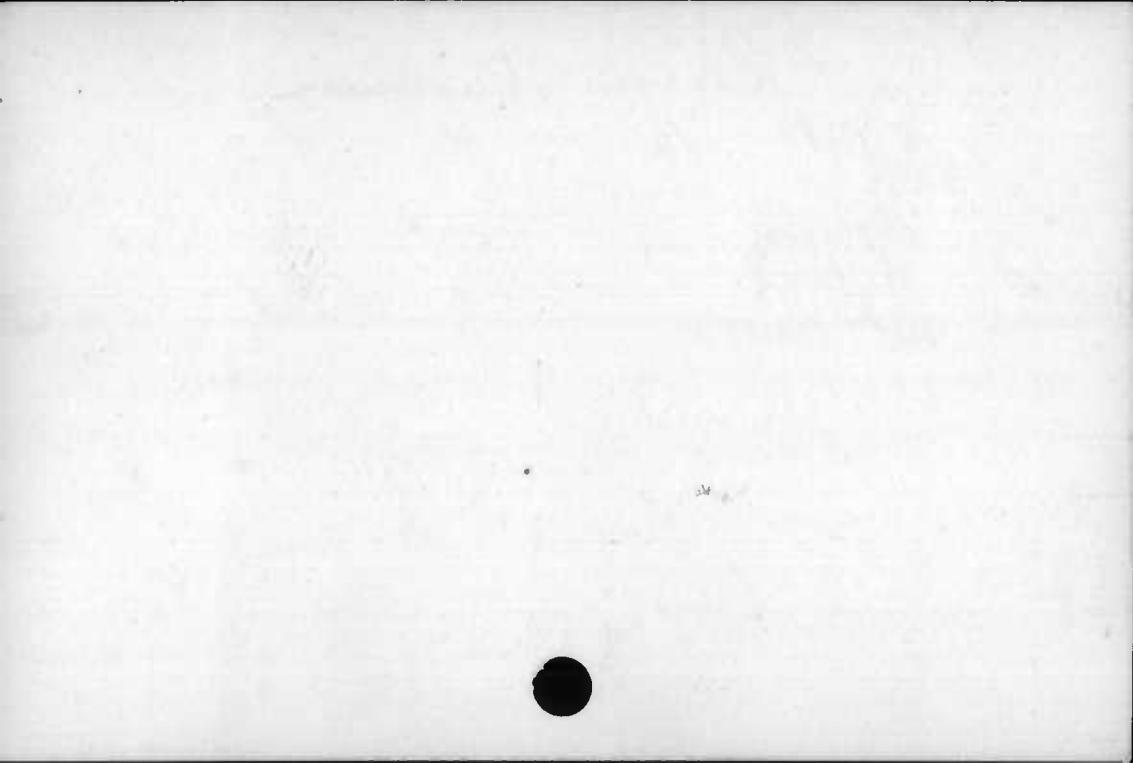
*few minutes*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*H. H. Lynch*

Address

Denton

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Julius Green* County *Wicomico* Maryland
 Died at *White Haven*
 Date of death 1908 *Oct* Month *16* Day Age *56* Years Months Days
 Sex *Male* Color or Race *colord* Birth-place *Virginia*
 Occupation *Mariner* Where Residing if not at place of death *Maryland*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Alire Green*
 Father's Name *not known* Father's Birthplace *Unknown*
 Mother's Maiden Name *" "* Mother's Birthplace *Unknown*
 Name of person giving Information *Jesse Gettis* How related to deceased *brother*

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary

How long

Immediate

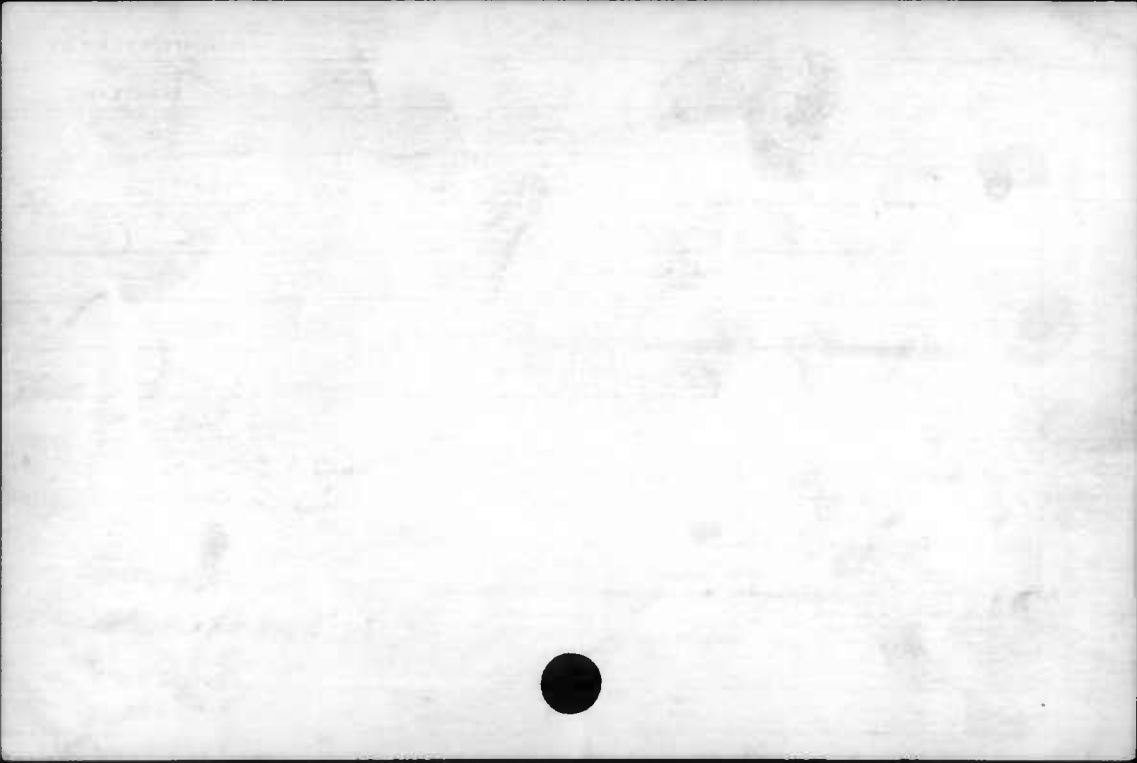
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Martha W. Hurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

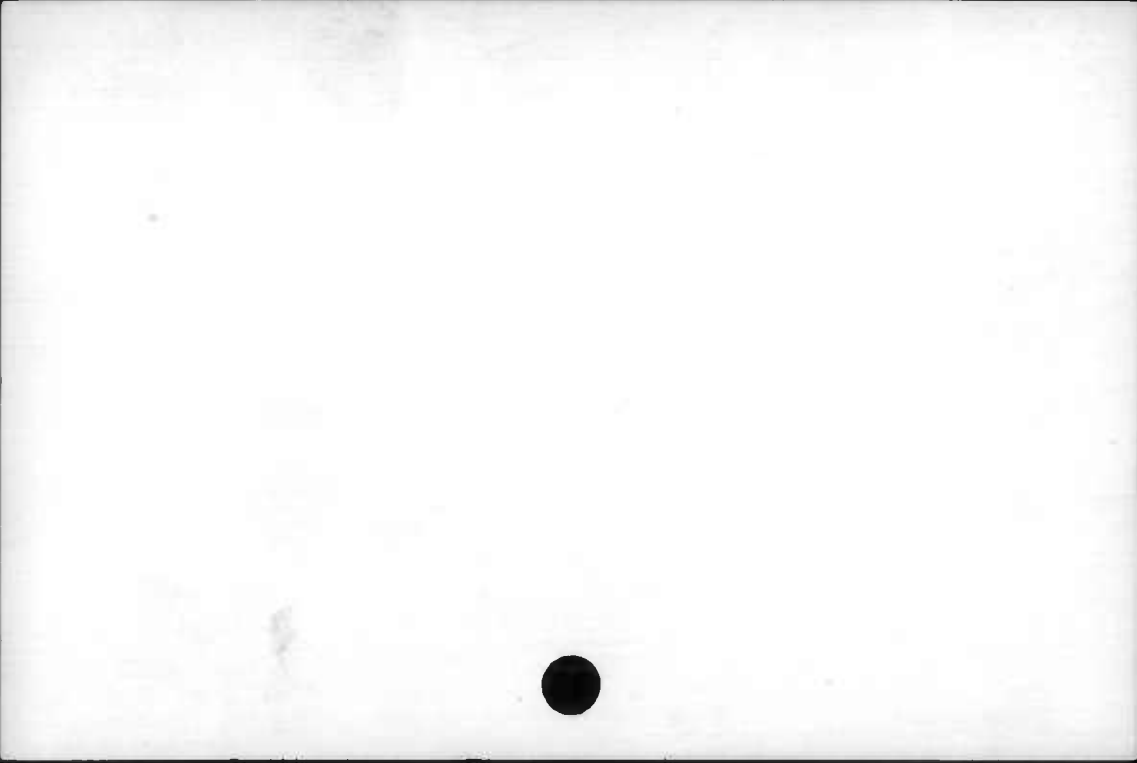
Died at <i>Mardella Springs</i>		Town <i>Wisconsin</i>		County		MARYLAND	
Date of death 190 <i>8</i>		Month <i>Oct</i>	Day <i>12</i>	Age <i>62</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>Wisconsin</i>			
Occupation <i>House-works</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Sandy Hurley</i>		Father's Birthplace <i>Wisconsin</i>					
Mother's Maiden Name <i>E. Jacobus</i>		Mother's Birthplace <i>Wisconsin</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic parenchymatous nephritis</i>	How long
Immediate <i>Heart Disease</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Conaway</i>
	Address <i>Hebron</i>
Accident or Suicide	<i>end</i>



Name
in
Full

Elouise Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County **MARYLAND**

Date of death 190 8 Month Oct Day 14 Age 14 Years Months 8 Days 19

Sex Female Color or Race White Birth-place Md

Occupation School girl Where Residing if not at place of death _____

Married, Single _____ or Widowed _____ Name of Wife or Husband _____

Father's Name Robert Johnson Father's Birthplace Md

Mother's Maiden Name Franne Wixon Mother's Birthplace Md

Names of person giving Information Helen Johnson How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

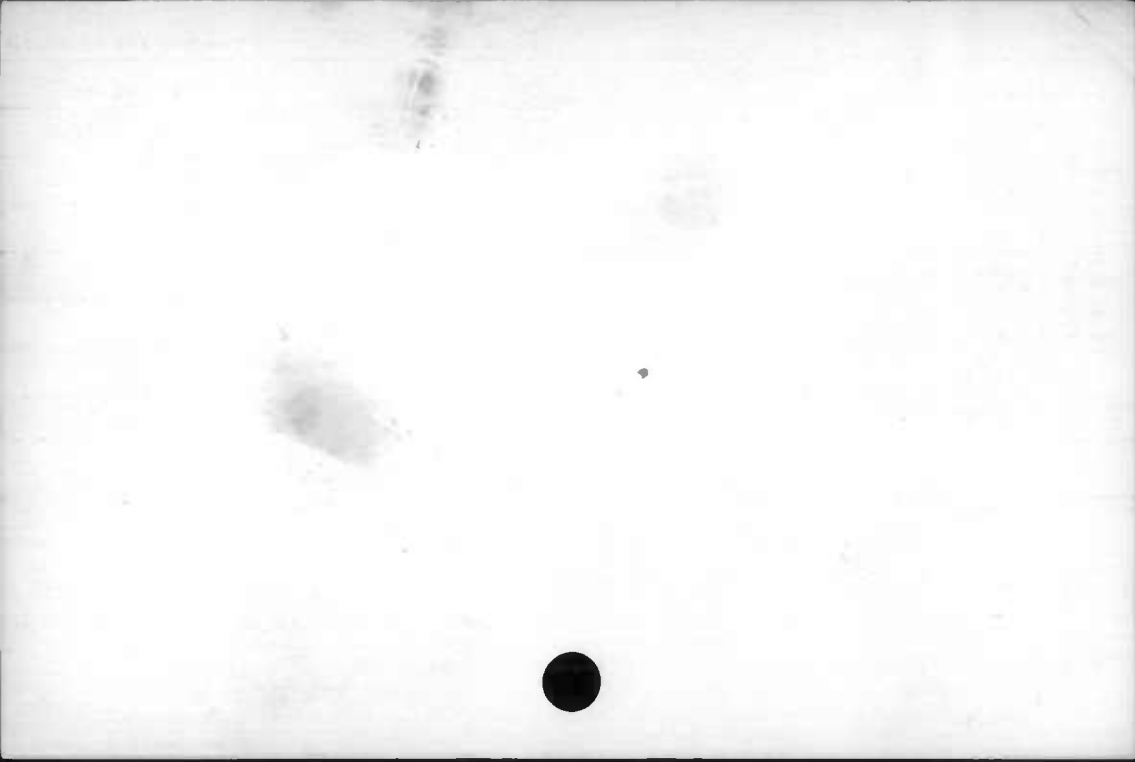
Primary Typhoid Fever How long 3 weeks

Immediate Frank failure How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician F. H. Leonard, M.D. Address Salisbury, Md

Accident or Suicide _____



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *James W. Legates*
Town *Salisbury* County *Wicomico*
Died at
Date of death 190*4* Month *Oct* Day *31* Age *—* Months *2* Days *12*

MARYLAND

Sex *Male* Color or Race *White* Birth-place *Id*
Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Martin E. Legates* Father's Birthplace *Del*
Mother's Maiden Name *Julia C. Phipps* Mother's Birthplace *Del*
Name of person giving Information *Martin E. Legates* How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Bottle feeding* How long *—*
Immediate *Insufficient nourishment* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address *E. B. Foster
Salisbury Md.*

Accident or Suicide

PHYSICIAN
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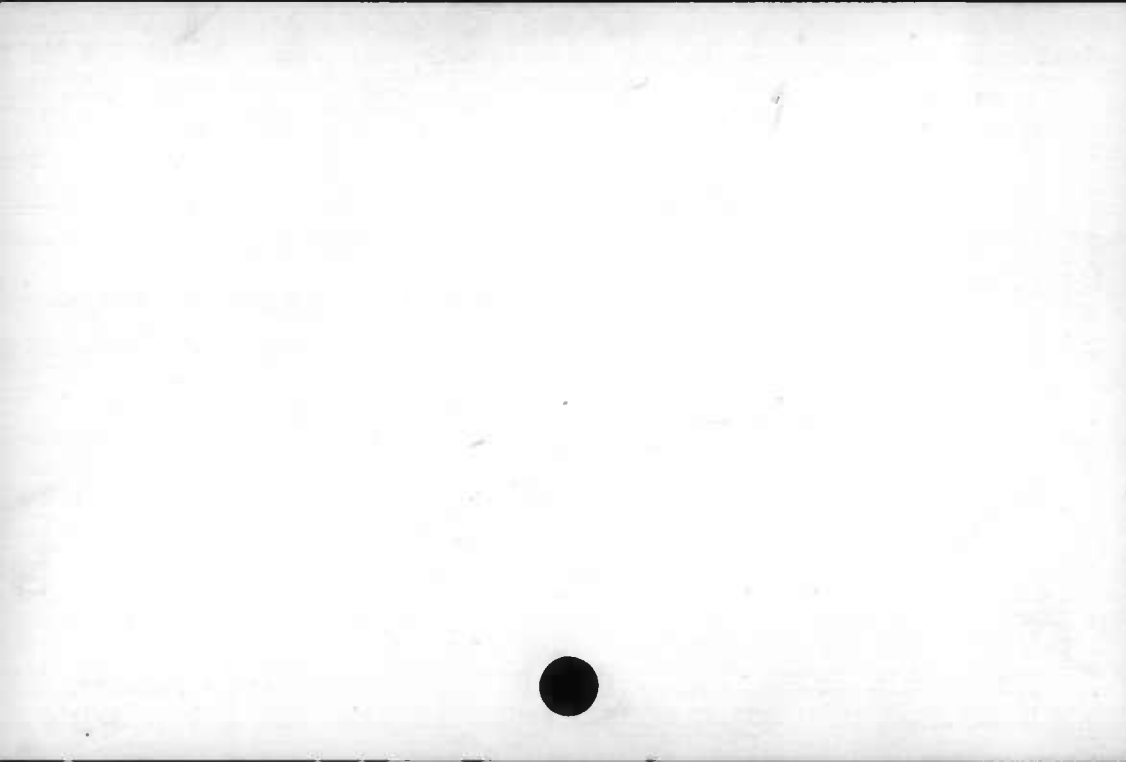
Name <i>Ida Belle Majors</i>		Town <i>Mardela Springs</i>		County <i>Wicomico Co.</i>		STATE MARYLAND	
Died at		Month <i>October</i>		Day <i>8</i>		Years <i>30</i>	
Date of death <i>1908</i>		Months <i>2</i>		Days <i>8</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Wicomico Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John S. Majors</i>					
Father's Name <i>Georg J. Lloyd</i>		Father's Birthplace <i>Wicomico Co.</i>					
Mother's Maiden Name <i>Sarah A. Jackson</i>		Mother's Birthplace <i>Wicomico Co.</i>					
Name of person giving Information <i>Geo Lloyd</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long <i>2 Days</i>
Immediate	<i>Eclampsia & Endocarditis</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Elderder</i>
		Address <i>Mardela Springs</i>
Accident or Suicide <i>Accident</i>		



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Name <i>Alex P. Malone</i>		Town <i>Fruitland</i>		County <i>Nicomino</i>		MARYLAND	
Died at		Month <i>8 Oct</i>		Day <i>29</i>		Years <i>83</i>	
Date of death		Month <i>8 Oct</i>		Day <i>29</i>		Years <i>83</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Nicomino ex</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine Malone</i>					
Father's Name <i>David Malone</i>				Father's Birthplace <i>"</i>			
Mother's Maiden Name <i>Betsy Politt</i>				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Alex G. Malone</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary <i>Acute apoplexy</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Smith</i>
<i>as known</i>	Address <i>Christiansburg</i>
Accident or Suicide <i>No</i>	<i>Wm</i>

0170/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James T Marnel* Town *Salisbury* County *Meconia* MARYLAND

Died at *Salisbury*

Date of death 190 *8* Month *Oct* Day *19* Age *30* Years Months *10* Days *24*

Sex *male* Color or Race *white* Birth-place *MD*

Occupation *Photographer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Bora Marnel*

Father's Name *William H Marnel* Father's Birthplace *MD*

Mother's Maiden Name *Ordelia Neam* Mother's Birthplace *MD*

Name of person giving Information *Bora Marnel* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *18 days*

Immediate *Same* How long

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Harry Trill* Address *Salisbury*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>P. G. Hospital Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Oct.</i>	Day <i>13th</i>	Age <i>17</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Co. Md.</i>					
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Dublin Dist Som. Co. Md.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Josephus Miller</i>	Father's Birthplace <i>Som. Co. Md.</i>						
Mother's Maiden Name <i>Leah G. Harriner</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving Information <i>Charles A. Miller</i>	How related to deceased <i>Brother</i>						

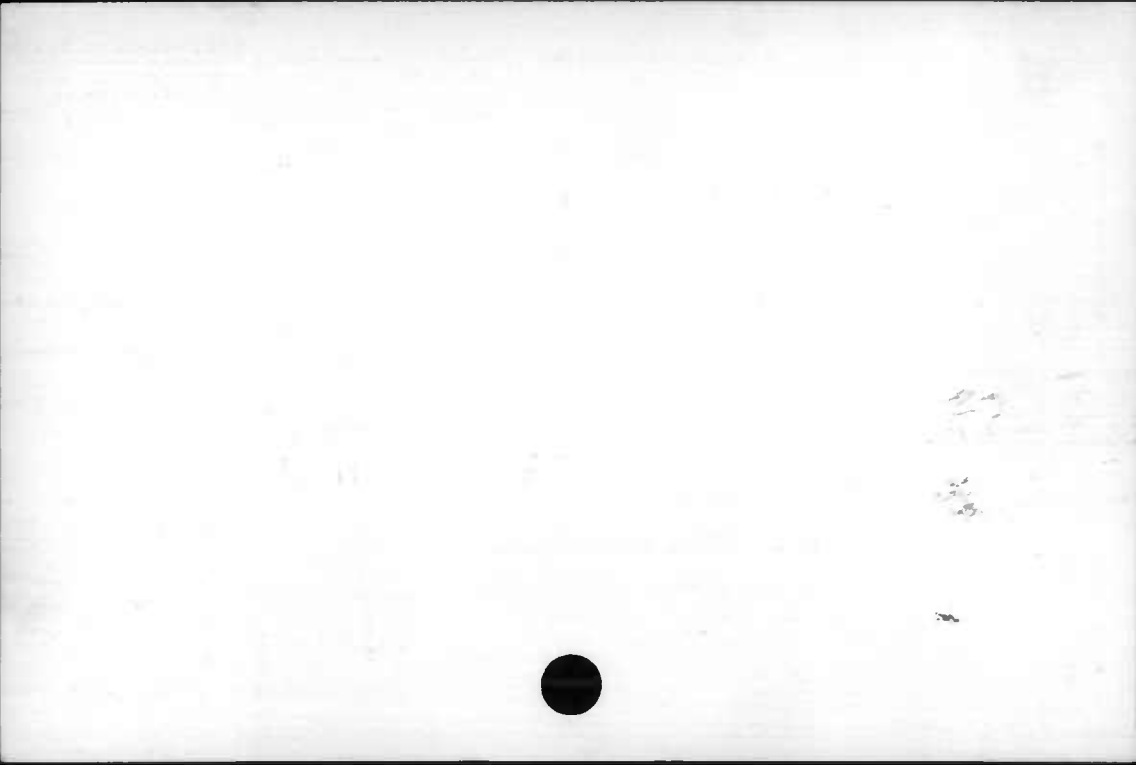
multiple secondary

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>disseminated in liver and lungs</i>	How long <i>5 minutes</i>
<i>Acute suppurative (appendicitis)</i>	How long <i>20 hours</i>
Immediate <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. Davis</i>
<i>Plus kidney also.</i>	Address <i>Salisbury Md</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Infant no name Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Seelishury ^{County} Wicomico ^{State} MARYLAND

Date of death 190 ^{Month} 8 ^{Day} Oct ^{Age} 16 ^{Years} ^{Months} 2 ^{Days} 23

Sex ^{male} Color or Race ^{white} Birth-place ^{Md}

Occupation _____ Where Reaiding if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name ^{Oscar L Moore} Father's Birthplace ^{Md}

Mother's Maiden Name ^{Betty Smullen} Mother's Birthplace ^{Md}

Name of person giving Information ^{Oscar L Moore} How related to deceased ^{Father}

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

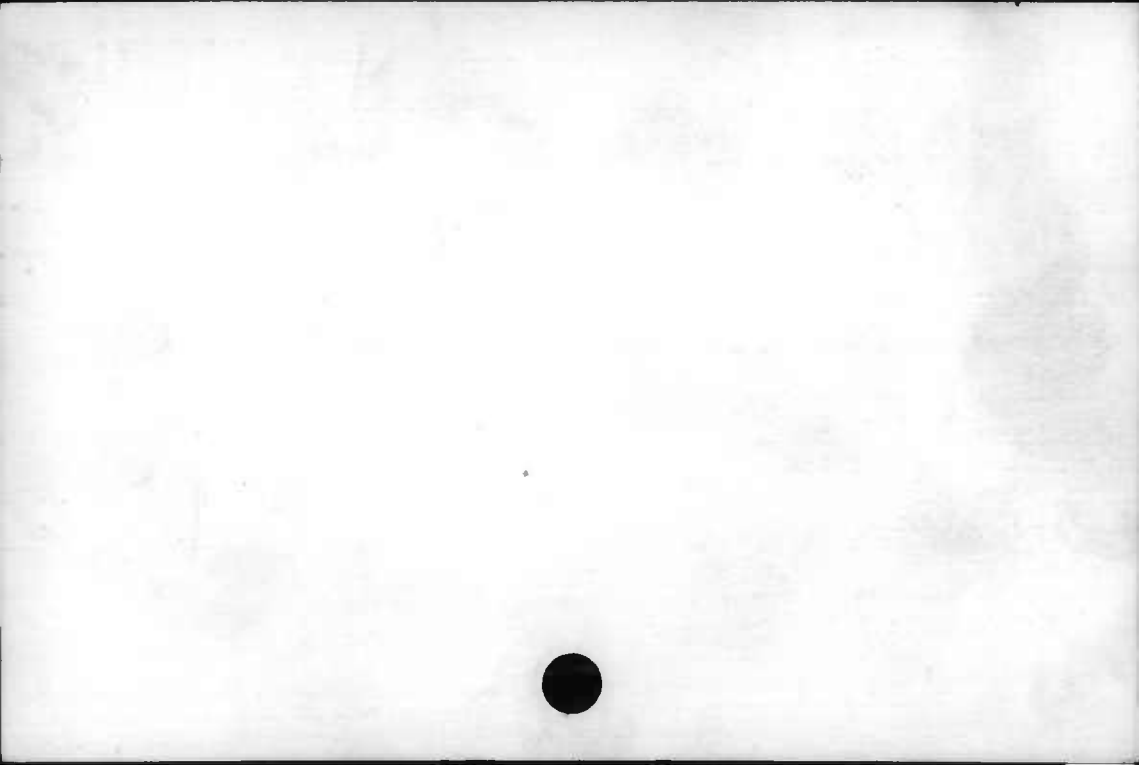
Primary ^{Marasmus} How long ^{Few weeks}

Immediate ^{Same} How long _____

Are the name, age, sex, color, date and place correctly given above? ^{yes}

Signature of Physician ^{Harry Chell} Address ^{Salisbury}

Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

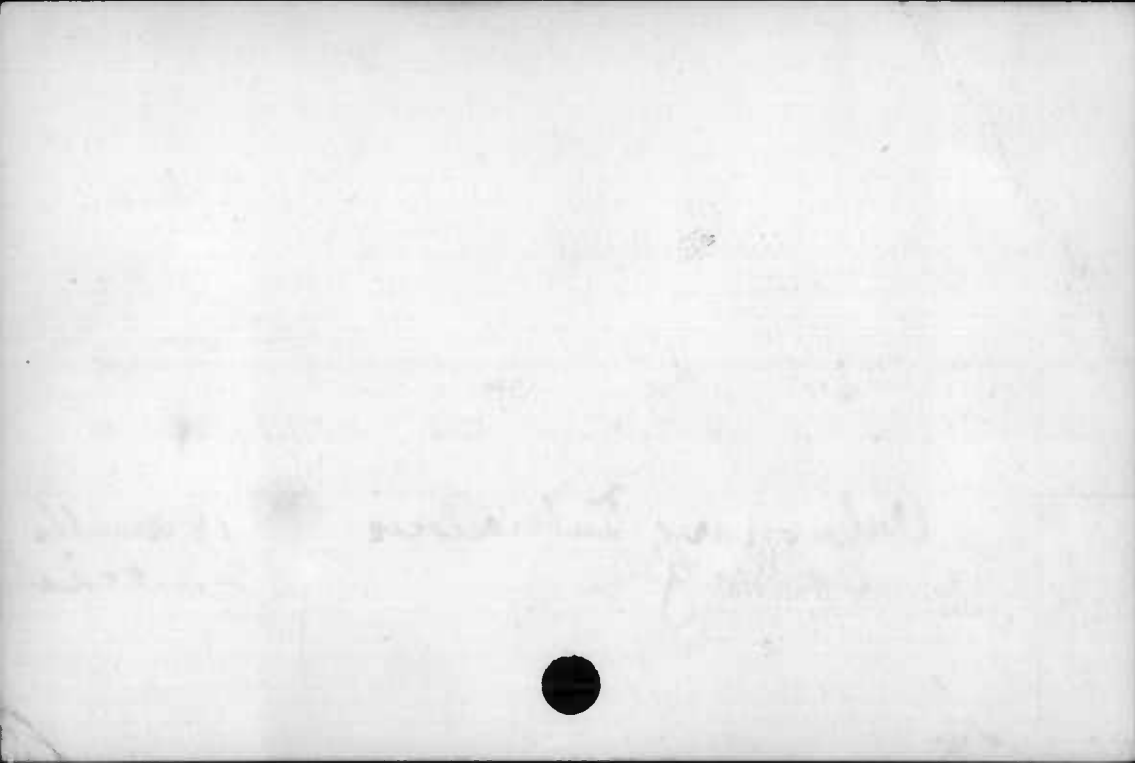
Died at		Town <i>Sharplown</i>		County <i>Milwaukee</i>		MARYLAND	
Date of death		Month <i>8 Oct</i>	Day <i>28</i>	Age	Years <i>53</i>	Months <i>4</i>	Days <i>12</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Jessy Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Morris</i>					
Father's Name <i>Cotter W Dickerson</i>		Father's Birthplace <i>W. Va.</i>					
Mother's Maiden Name <i>Lane Rider</i>		Mother's Birthplace <i>Sussex, De.</i>					
Name of person giving information <i>Joseph W Morris</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic parenchymatous nephritis.</i>	How long <i>1 yr.</i>
Immediate	<i>Uræmic coma</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. R. Larnaud</i>
		Address <i>Sharplown</i>
Accident or Suicide?		



Name
in
Full

Stella Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

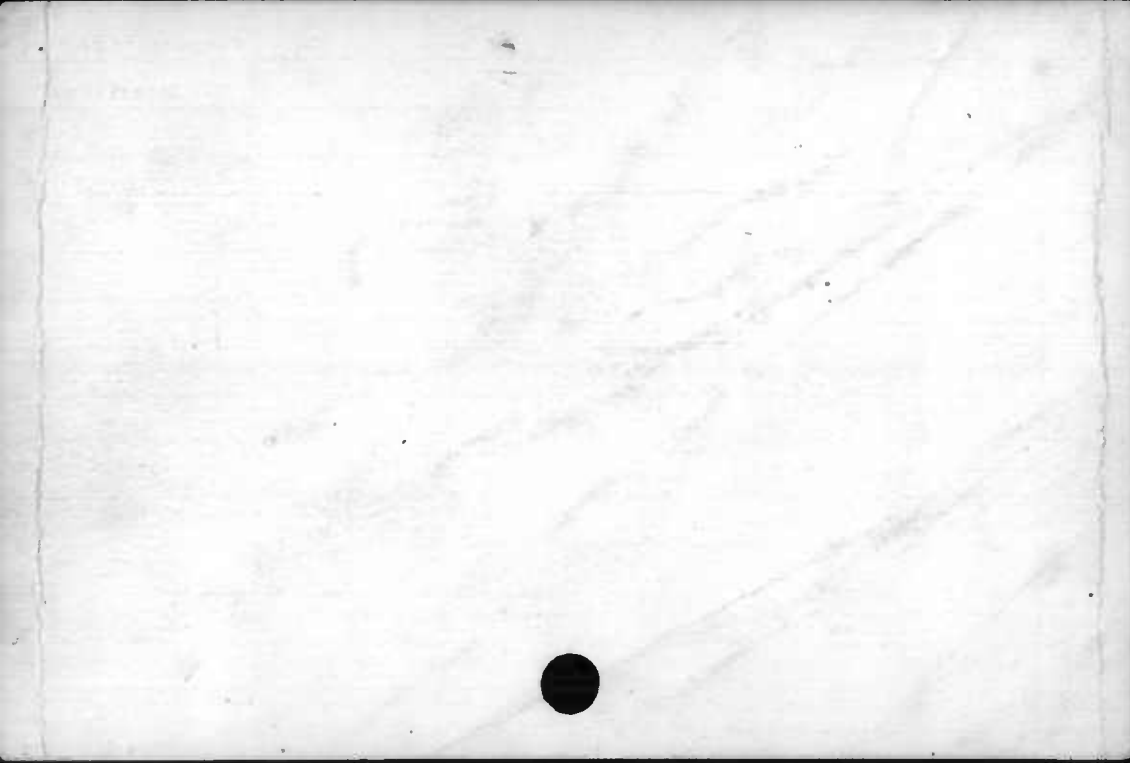
Died at <u>Clara</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1908	Month	October	Day	Friday
Age	26	Year		Months	7
		Days	19		
Sex	Female	Color or Race	White	Birth-place	Clara
Occupation	Housekeeper in orphanage (asylum)		Where Residing if not at place of death		Clara
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Benj. O. Roberts		Father's Birthplace		Somerset Co.,
Mother's Maiden Name	Zipporah Price		Mother's Birthplace		Green Hill
Name of person giving Information	Mary Roberts		How related to deceased		Sister

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	18 months
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		DR. EDWARD E. LAMKIN,	
		Address	
		NANTICKE, MD.	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

(Twin)

Spence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

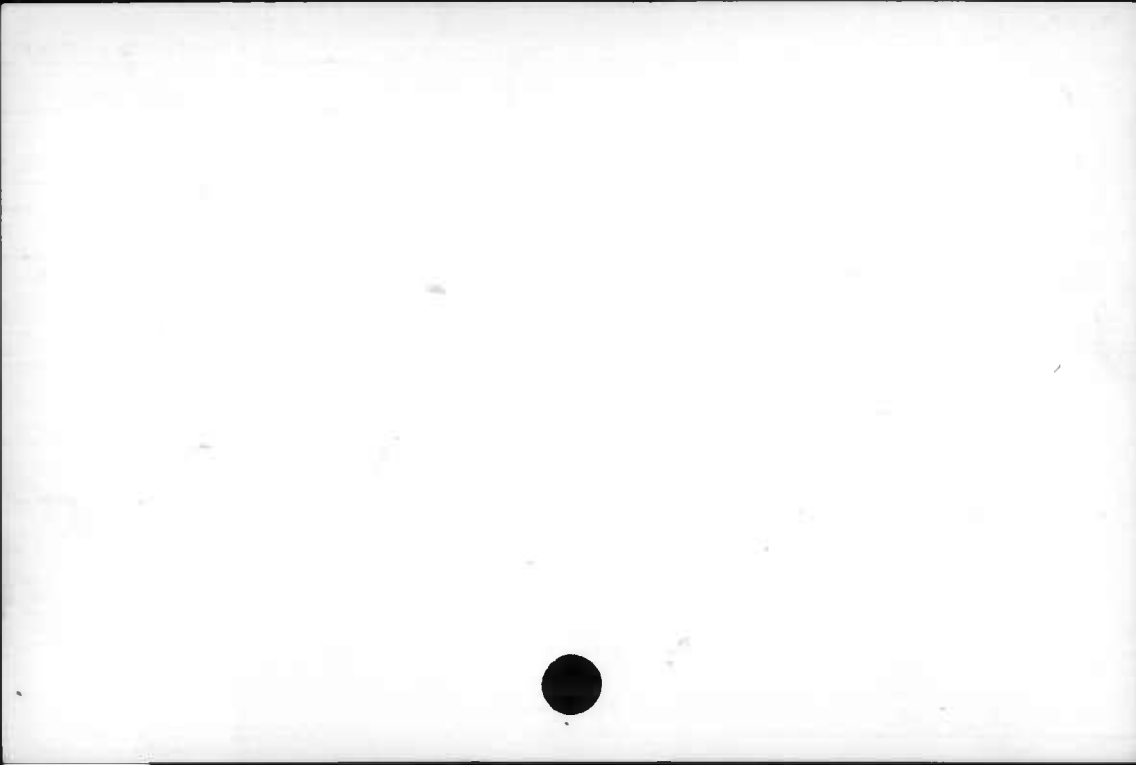
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Oct	30				60 hours
Sex		Color or Race		Birth-place			
Female		Black		Salisbury Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Eleanor Spence				Snowhill Md			
Name of person giving Information				How related to deceased			
Charles E. Toadwin				nephew			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Premature birth	no
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	J. B. Potter
	Address
	Salisbury Md
Accident or Suicida	



Name
in-
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death		1908	Month <i>Oct</i>	Day <i>29</i>	Age	Years	Months <i>30</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Salisbury</i>			
Occupation <i>Teacher</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Ethel Spence</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name <i>Ethel Spence</i>		Mother's Birthplace <i>Snowhill Md.</i>					
Name of person giving Information <i>Charles E. Woodruff</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

Primary

How long

151

Immediate

How long

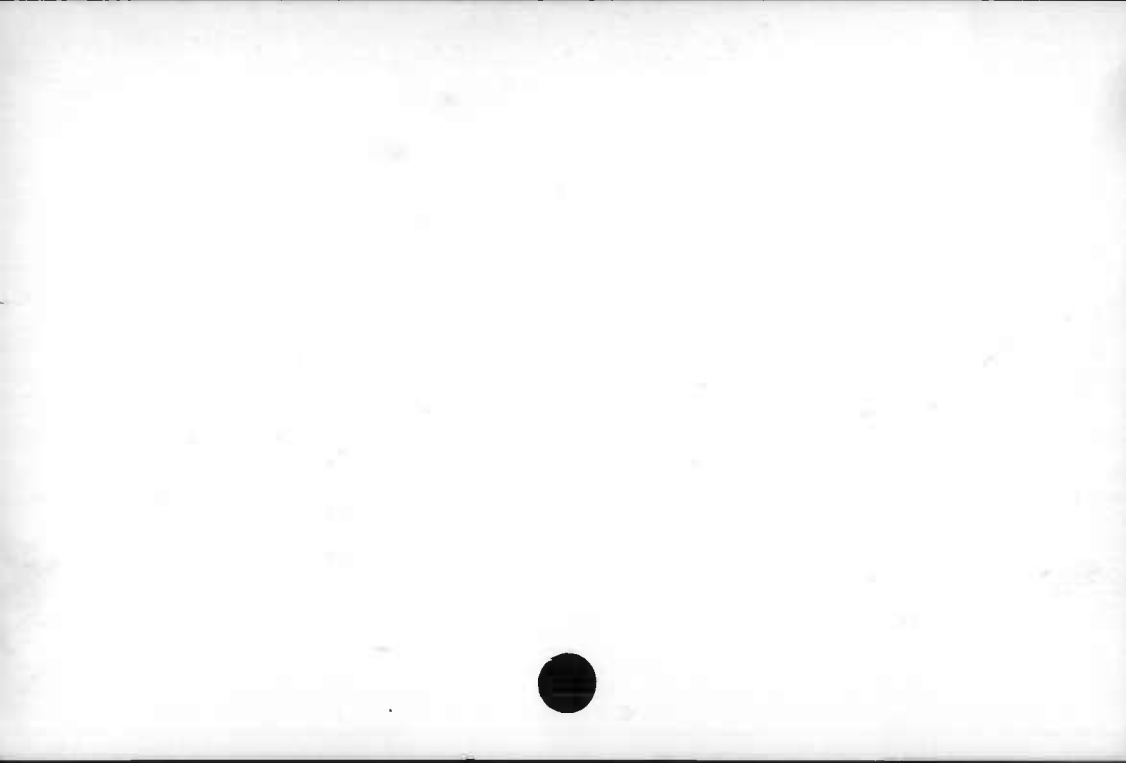
Are the name, age, sex, color, date and place correctly given above?
yes

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Wicomico</i>		MARYLAND	
Date of death		1908	Month <i>Oct.</i>	Day <i>13th</i>	Age <i>35</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Somerset Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>41. Frederick Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas Townsend</i>					
Father's Name <i>John McCreedick</i>		Father's Birthplace <i>Somerset Co. Md.</i>					
Mother's Maiden Name <i>Penton</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Thomas Townsend</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Cerebral apoplexy</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>7 or 8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>J. McCreed</i>
Accident or Suicide <i>No</i>	Address <i>Salisbury Md</i>



Name
in
Full

CERTIFICATE OF DEATH

John T. Luigie
 Died at *Salisbury* Town *Wicomico* County
 Date of death 1908 *Oct* Month *31* Day *1* Years *4* Months *4* Days

MARYLAND

Sex *male* Color or Race *white* Birth-place *MD*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HubandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

105

How long

How long

Primary

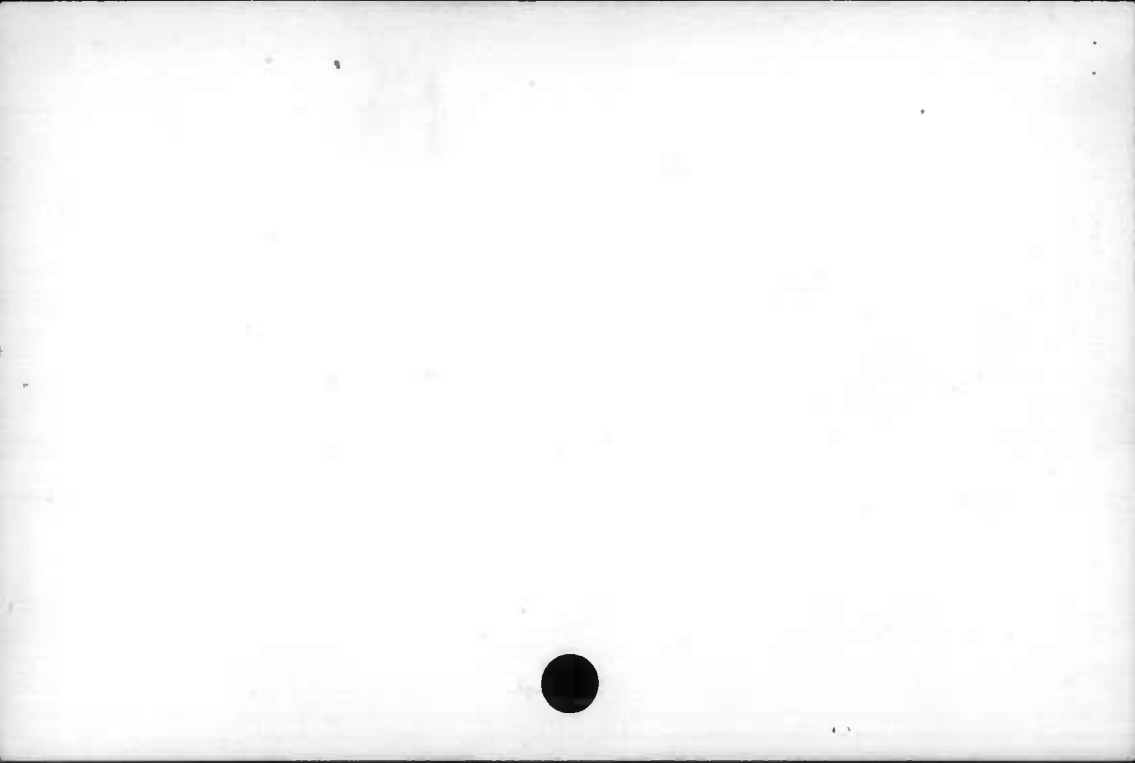
Immediate

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary J. Twigg* County *Wicomico* MARYLAND

Died at *Salisbury* own Month *Oct* Day *6* Age *35* Years Months *11* Days *15*

Date of death 190 *8*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death

Married, ~~Single~~ *Married* Name of Wife or Husband *Samuel Twigg*

Father's Name *Thomas Parker* Father's Birthplace *Md*

Mother's Maiden Name *Lillie Parker* Mother's Birthplace *Md*

Name of person giving Information *Samuel Twigg* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORNER

Primary *Tuberculosis* How long *6 mo.*

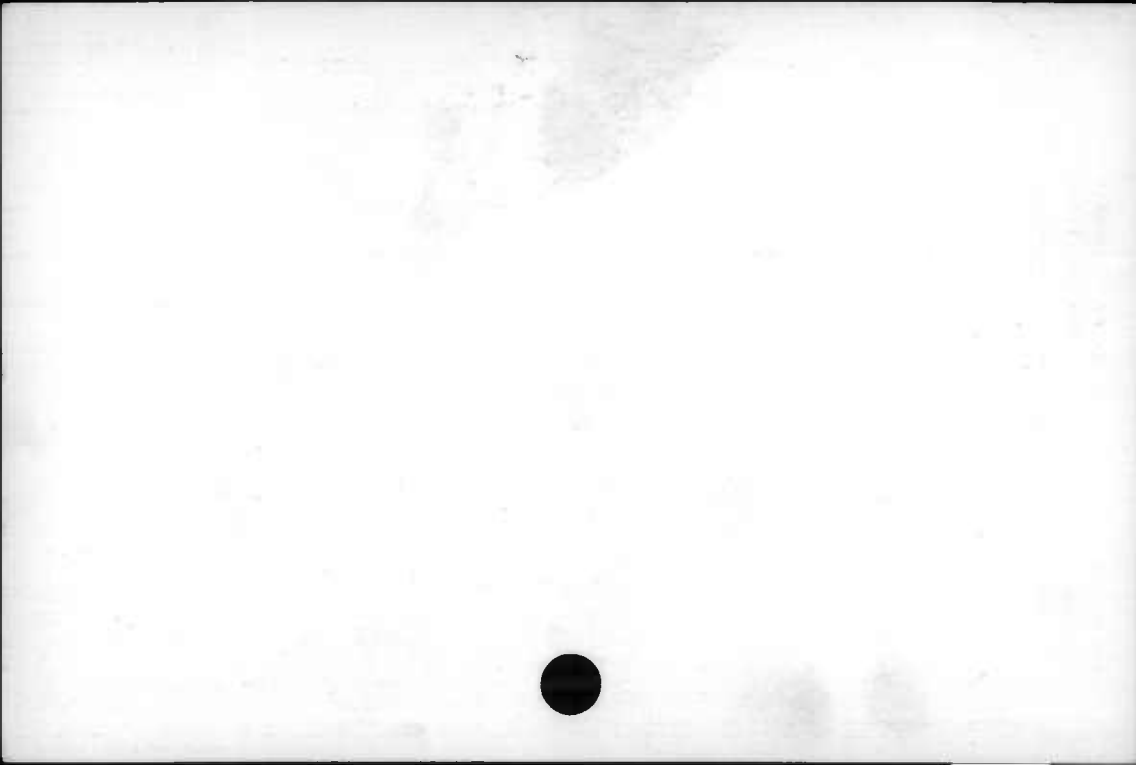
Immediate *Pulmonary Tuberculosis* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. Potter*

Address *Salisbury*

Accident or Suicide



Name
in
Full

Mary Lizzie Twilley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Salisbury		McComico		MARYLAND	
Date of death		1908	Month	Oct.	Day	23	Age
							36
Sex		Female		Color or Race		White	
Occupation		Housework		Birth-place		Green Hill	
Where Residing if not at place of death		Salisbury Md					
Married, Single or Widowed		Married		Name of Wife or Husband		Lavin B. Twilley	
Father's Name		Richard James Larky		Father's Birthplace		Green Hill	
Mother's Maiden Name		Laura G. Ennis		Mother's Birthplace		Salisbury	
Name of person giving Information		Lavin B. Twilley		How related to deceased		Husband	

CAUSES OF DEATH

Primary

Gas trich (Acute)

104

How long

2 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

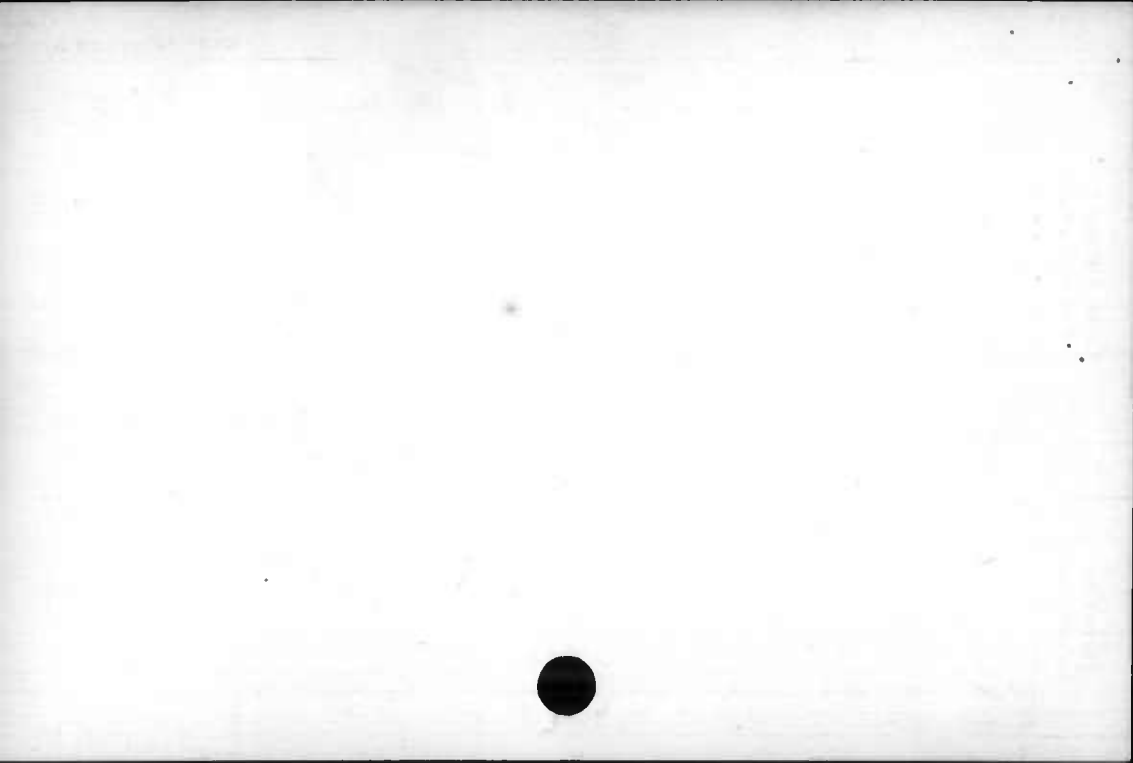
Signature of Physician

Address

Harry C. Tull
Salisbury

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant (Not Named) of Noah White

Town *Allen* County *Wicomico* MARYLAND

Died at *Allen*

Date of death 1908 Month *Oct* Day *21st* Age *Deadborn* Years *0* Months *0* Days *0*

Sex *Male* Color or Race *White* Birth-place *Near Allen Md.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Noah White* Father's Birthplace *Wicomico Co. Md.*

Mother's Maiden Name *Adel Malone* Mother's Birthplace *" " "*

Name of person giving Information *Noah White* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

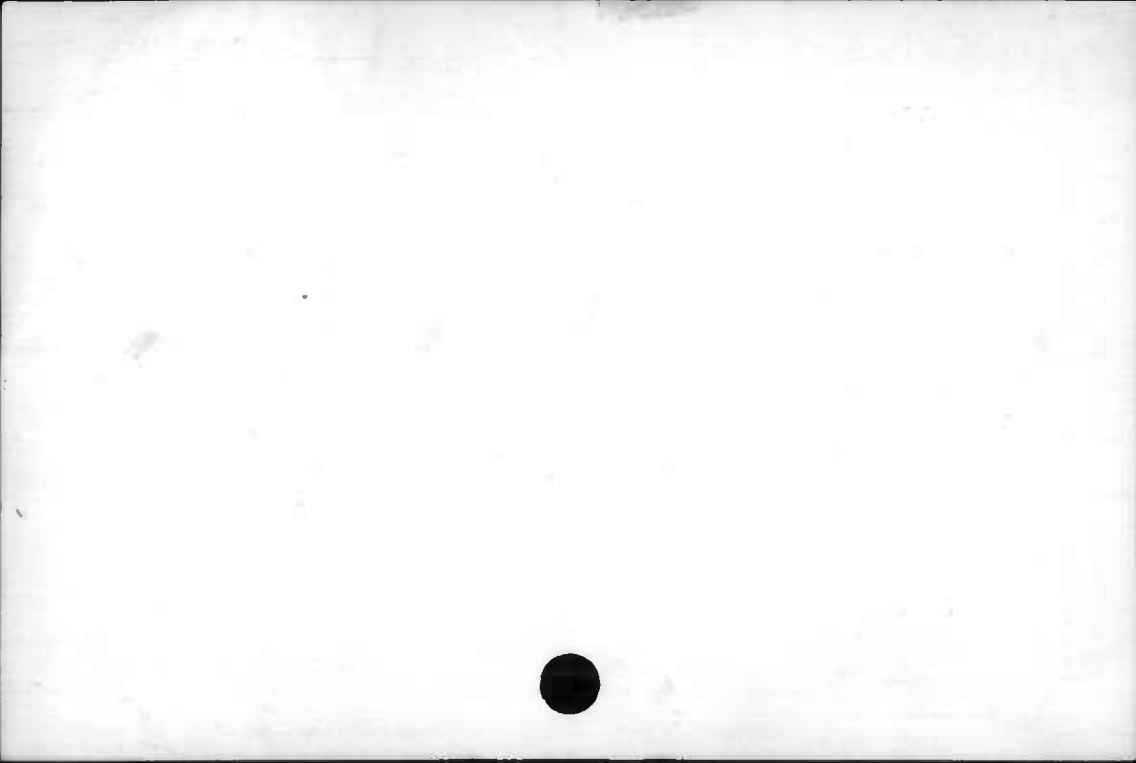
Primary *Deadborn* How long *(S)*

Immediate

Are the name, age, sex, color, data and place correctly given above ?

Signature of Physician *J. L. T. Long* Address *Allen Md.*

Accident or Suicide



Name
in
Full

Rebecca Wimbro

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Wangs		Wangs		Wicomico		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Oct.	30 th	56			
Sex		Color or Race		Birth-place			
Female		White		Wicomico Co. Md.			
Occupation		Where Residing if not at place of death					
Housekeeper		at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
John T. Wimbro		" " "					
Mother's Maiden Name		Mother's Birthplace					
Nancy Turbs		Delaware					
Name of person giving Information		How related to deceased					
Noses T. Wimbro		Brother					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary		How long	
apoplexy (Supposed)		Found Dead	
Immediate		How long	
Exhaustion		Found Dead	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. G. S. Smith	
Wicomico Co		Address	
		Parsonsburg	
		Maryland	
Accident or Suicide			

